•	his form, together w	0 9 2005 55	or <u>Fax</u>	Mail Stop ISSUE Commissioner for P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents ginia 22313-1450	
INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected to maintenance fee notification	rm should be used or tra- rrespondence including the below or directed other	nsmitting the ISSU Patent advance or ASE Block 1, by (a	E FEE and PUBLIC ders and notification ) specifying a new of	CATION FEE (if requ of maintenance fees v correspondence address	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sepa	hould be completed wher correspondence address a arate "FEE ADDRESS" fo
CURRENT CORRESPONDENC	DE ADDRESS (Note: Use Block 1 fo	r any change of address)		Note: A certificate of Fee(s) Transmittal. The papers. Each additional have its own certificate.	mailing can only be used fi is certificate cannot be used al paper, such as an assignme of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, mu
LYON & HARR	, LLP DRIVE, SUITE 800 036			Cel I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USF	rtificate of Mailing or Trans his Fee(s) Transmittal is bein with sufficient postage for fir 1 Stop ISSUE FEE address TO (703) 746-4000, on the c	smission g deposited with the Unite st class mail in an envelop above, or being facsimi date indicated below.
FC:1501 1400.00 OP FC:1504 300.00 OP				RICHARD T. LYON		(Depositor's name (Signature
				<u>Z=7</u>	-05	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/844,549 04/28/2001 TITLE OF INVENTION: SYSTEM AND PROCESS FO		Jiang Li DR BROADCAST AND COMMINICATION WITH VI		ATION WITH VERY I	154634.2 OW RIT-RATE BLI EVEL	3053 OR SKETCH VIDEO
THEE OF INVENTION. 3	TSTEM AND I ROCESS I	OK BROADONS!	The Commonies			
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	)	\$300	\$1700	03/29/2005
EXAM	INER	ART UN	іт с	LASS-SUBCLASS	]	
RAO, ANAND SHASHIKANT		2613 375-240250			,	
			<del></del>			
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicate		Fee Address" (37 f Correspondence	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne	the patent front page, li up to 3 registered pater ematively, single firm (having as a y or agent) and the nam at attorneys or agents. If	a member a less of up to	\$ HARR, LLF ARD T. LYON
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	de address or indication of " dence address (or Change of 22) attached. tion (or "Fee Address" Indicate or more recent) attached. U DESIDENCE DATA TO stan assignee is identified in 37 CFR 3.11. Completion	Fee Address" (37  f Correspondence cation form se of a Customer  BE PRINTED ON To celow, no assignee of this form is NO.	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w THE PATENT (print data will appear on Γ a substitute for filin (1) RESIDENCE: (CIT)	the patent front page, li up to 3 registered pater ernatively, single firm (having as y or agent) and the nan at attorneys or agents. If ill be printed. or type)	a member a les of up to no name is 2 RICH 2  Rece is identified below, the country)	ARD T. LYON
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicate PTO/SB/47; Rev 03-02 (Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  MICROSON  Please check the appropriate	e address or indication of " dence address (or Change of 22) attached. tion (or "Fee Address" Indication more recent) attached. Upon RESIDENCE DATA TO as an assignee is identified in 37 CFR 3.11. Completion EE	Fee Address" (37  f Correspondence cation form se of a Customer  BE PRINTED ON To below, no assignee of this form is NOT  (B	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered paten listed, no name w THE PATENT (print data will appear on Γ a substitute for filir (2) RESIDENCE: (CITAL COM OF 1) (C	up to 3 registered pater ernatively, single firm (having as a y or agent) and the nan at attorneys or agents. If ill be printed.  or type) the patent. If an assign ng an assignment.  TY and STATE OR CO	a member a les of up to no name is 2 RICH 2  Rece is identified below, the country)	document has been filed fo
1. Change of correspondence CFR 1.363).  Change of correspondence CFR 1.363).  Change of correspondence CFR 1.363).  "Fee Address" indicate PTO/SB/12; Rev 03-02 (Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  CALCAD SO (STATE OF STATE OF	dence address or indication of "dence address (or Change of 22) attached.  tion (or "Fee Address" Indication more recent) attached. Up RESIDENCE DATA TO a an assignee is identified in 37 CFR 3.11. Completion EE  TOCOPO (CA)  e assignee category or category or category enclosed:	Fee Address" (37  f Correspondence cation form se of a Customer  BE PRINTED ON 1  below, no assignee of this form is NO  (B	2. For printing on  (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered patern listed, no name w  THE PATENT (print data will appear on I a substitute for filing) RESIDENCE: (CITAL COMONDE)  inted on the patent):  Payment of Fee(s):  A check in the a payment by cred.  The Director is	the patent front page, li up to 3 registered pater rematively, single firm (having as a y or agent) and the name at attorneys or agents. If ill be printed.  or type) the patent. If an assigning an assignment.  TY and STATE OR CO  Individual  Individual  Commount of the fee(s) is er lit card. Form PTO-203: hereby authorized by commounted the fee of the commount of the fee of the card.	a member a les of up to no name is 3  The entropy of the control o	document has been filed for
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 ( Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGN  (A) NAME OF ASSIGN  Please check the appropriate  4a. The following fee(s) are  Sissue Fee  Publication Fee (No s Advance Order - # of  5. Change in Entity Status  a. Applicant claims S	dence address or indication of "dence address (or Change of 22) attached.  tion (or "Fee Address" Indicated or more recent) attached. Upon RESIDENCE DATA TO a massignee is identified in 37 CFR 3.11. Completion EE  Example Control of Control o	Fee Address" (37  f Correspondence cation form se of a Customer  BE PRINTED ON 1  celow, no assignee of this form is NO  (B)  ories (will not be proposed to the content of	2. For printing on  (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered patern listed, no name w  THE PATENT (print data will appear on Γ a substitute for filing) RESIDENCE: (CIT (2.60 M or 3.6))  The Director is Deposit Account No. Applicant is not agent as the substitute of the substitute for filing in the substitute for fili	the patent front page, lique to 3 registered pater crinatively, single firm (having as y or agent) and the name at attorneys or agents. If ill be printed.  Or type) the patent. If an assigning an assignment.  TY and STATE OR CO  Individual  Individual  Commount of the fee(s) is error dit card. Form PTO-2033 hereby authorized by commount of longer claiming SMA	a member a les of up to no name is 3 lee is identified below, the country or or other private gracelosed.  B is attached.  Charge the required fee(s), or (enclose an extra country status. See 37 Country status. See 37 Country status. See 37 Country status.	document has been filed for coup entity Government credit any overpayment, a copy of this form).
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 ( Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGN  (A) NAME OF ASSIGN  Please check the appropriate  4a. The following fee(s) are  Sissue Fee  Publication Fee (No s Advance Order - # of  5. Change in Entity Status  a. Applicant claims S	dence address or indication of "dence address (or Change of 22) attached.  tion (or "Fee Address" Indicated or more recent) attached. Upon RESIDENCE DATA TO a massignee is identified in 37 CFR 3.11. Completion EE  Example Control of Control o	Fee Address" (37  f Correspondence cation form se of a Customer  BE PRINTED ON 1  celow, no assignee of this form is NO  (B)  ories (will not be proposed to the content of	2. For printing on  (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered patern listed, no name w  THE PATENT (print data will appear on Γ a substitute for filing) RESIDENCE: (CIT (2.60 M or 3.6))  The Director is Deposit Account No. Applicant is not agent as the substitute of the substitute for filing in the substitute for fili	the patent front page, lique to 3 registered pater crinatively, single firm (having as y or agent) and the name at attorneys or agents. If ill be printed.  Or type) the patent. If an assigning an assignment.  TY and STATE OR CO  Individual  Individual  Commount of the fee(s) is error dit card. Form PTO-2033 hereby authorized by commount of longer claiming SMA	a member a les of up to no name is 3  nee is identified below, the country or or other private grandles at a control of the country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s), or (enclose an extra country or other private grandles designed the required fee(s).	document has been filed for coup entity Government credit any overpayment, to copy of this form).
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 ( Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGN  (A) NAME OF ASSIGN  Please check the appropriate  4a. The following fee(s) are  Sissue Fee  Publication Fee (No s Advance Order - # of  5. Change in Entity Status  a. Applicant claims S	dence address or indication of "dence address (or Change of 22) attached.  tion (or "Fee Address" Indicated or more recent) attached. Upon RESIDENCE DATA TO a massignee is identified in 37 CFR 3.11. Completion EE  Example Control of Control o	Fee Address" (37  f Correspondence cation form se of a Customer  BE PRINTED ON 1  celow, no assignee of this form is NO  (B)  ories (will not be proposed to the content of	2. For printing on  (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered patern listed, no name w  THE PATENT (print data will appear on Γ a substitute for filing) RESIDENCE: (CIT (2.60 M or 3.6))  The Director is Deposit Account No. Applicant is not agent as the substitute of the substitute for filing in the substitute for fili	the patent front page, lique to 3 registered pater crinatively, single firm (having as a yor agent) and the name at attorneys or agents. If ill be printed.  Or type) the patent. If an assigning an assignment.  TY and STATE OR CO  Individual  Individual  Individual  Commount of the fee(s) is erelit card. Form PTO-203: hereby authorized by comber	a member a les of up to no name is 3 lee is identified below, the country or or other private gracelosed.  B is attached.  Charge the required fee(s), or (enclose an extra country status. See 37 Country status. See 37 Country status. See 37 Country status.	document has been filed for coup entity Government credit any overpayment, to copy of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.